

New/Replacement plan





Chamber Benefit Plan census form

PLEASE NOTE - this form is to gather information for quoting coverage, this is NOT a confirmation of coverage.

Requested Effective date

Name of Company						
Street Address						
			State	Zip		
			Home Telephone () Email			
Do you have a Summary Pl	an Docum	ent for your gr	oup health ins. pla	an?		
Employee	Gender	Date of Birth	Who is covered (see below)	Dependent Date of Birth	Zip Code	Smoker status

Types of Coverage: E = Employee Only, ES = Employee & Spouse, EC = Employee & Children, FA = Family,

* LO = Life Insurance Only or no coverage

Please fax this form back to MDIS at 573-634-5770.

A copy of our "Notice of Privacy Practice & Policies" is available upon request or available at our website www.MDIS4DDS.com.

Employers that offer health & welfare benefits (medical, dental, vision, group term life AD&D, STD, LTD, Wellness, EAP) and any voluntary benefits pre-taxed under Section 125 plan, must also comply with ERISA, and have a written plan document and summary plan description for these plans.

MDIS would be happy to assist you in setting up your ERISA compliance documents

^{*} Note - all full time employees must be listed regardless of whether they are taking or waiving coverage.